South Dakota Department of Health Pandemic Influenza Community Planning Grant Phase II

NEW PLANNING PROJECT APPLICATION COVER PAGE

This application is for Phase II funding for NEW Community Planning Grant Projects that were not funded under Phase I Community Planning Grants.

Applicant Informat	ion:			
Check one: ☐ City	☐ County ☐ Tribal Gov't.	☐ Healthcare Entity	Other	
Is this a cooperative	application? Yes No			
Applicant/Organizat	ion Name			
Designated Lead (n	ame and title/position)			
Physical Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Phone Number	Fax	E-mail Address		
Cooperative Applications (if applicable)				
List of additional municipalities, counties or tribal agencies included in application				
Signature of Author	orizing Official:			
Authorizing Official		Title		
Signature		Date		

Return to:

Office of Public Health Preparedness & Response South Dakota Department of Health 600 E Capitol Ave Pierre SD 57501-2536 605-773-2981